

# Rhode Island Medical Society Council

Meeting of Monday, April 4, 2016

\*\*\*Meeting Highlights\*\*\*

## **Governor Raimondo's Overdose Prevention and Intervention Task Force**

Josiah (Jody) Rich, MD, MPH, addressed the Council regarding the ongoing work of the Governor's Task Force and the report released by the Task Force in December 2015 ([www.strategicplanri.org](http://www.strategicplanri.org)).

Dr. Rich serves as one of the expert advisors to the Task Force. Also serving in that capacity is the new CMO of the Department of Behavioral Health, Developmental Disabilities and Hospitals, Elinore F. McCance-Katz, MD, PhD, who had planned to address the Council but was deterred by inclement weather and hazardous driving conditions.

Dr. Rich sketched some of the historical antecedents of the current nationwide opioid overdose crisis, which claimed 20,000 American lives in 2014 alone. It has killed 1,000 Rhode Islanders in the past five years and is the leading cause of accidental death in the state.

Dr. Rich described swings of the pendulum from the time of the American Civil War, through the Harrison Narcotics Act of 1914, the Temperance Movement, and into the 1960s and 1970s, when the prevailing standard of care discouraged prescribing opioids even for the terminally ill.

Then, in the 1980s and 1990s researchers and national authorities, including the Federation of State Medical Boards, criticized physicians for undertreating pain. In 2000, the Joint Commission declared pain to be "the fifth vital sign" and encouraged more intervention to relieve pain. Concurrent aggressive marketing by pharmaceutical manufacturers combined with the advent of patient satisfaction surveys helped fuel the rise in opioid prescribing starting in the mid-1990s through about 2013.

In both 2014 and 2015, Rhode Island was a national leader in percentage reduction of the volume of opioid prescribing. However, persons already addicted quickly found their way to illicit street drugs instead, particularly inexpensive heroin, often laced with deadly fentanyl. Temporary sobriety, enforced through incarceration or treatment, reduces tolerance and can thus set a person up for a fatal overdose.

The report of the Governor's Task Force emphasizes the availability and effectiveness of treatment, thus addressing demand over law enforcement's "war on drugs" approach of interdicting supply and jailing offenders.

Consistent with the emphasis on treatment, Dr. Rich called for more physicians to train for buprenorphine waivers, the creation of a center of excellence for pain management, support for primary care physicians who care for addicted patients, and realignment of plans' payment policies.

**RIMS legislative agenda 2016** Dr. Migliori, as Public Laws chair, provided an update on the General Assembly session and reviewed the status of twelve items on RIMS' legislative agenda.

**Legalization of marijuana** Bills in each chamber of the General Assembly would legalize marijuana, as four states and the District of Columbia have done. (Rhode Island is one of 23 states, plus the District of Columbia, that have legalized medical marijuana.)

While the matter is not on RIMS' legislative agenda, state leaders are demanding to know RIMS' position. RIMS' current policy opposes legalization, as do the AMA and all other state medical societies, with the very recent exception of the California Medical Association, which now neither favors nor opposes legalization but favors putting the question to California voters by referendum in November.

Dr. Settipane called for the Council's advice on the question. After discussion, a straw vote indicated that of those present and voting, eight favored the current policy, (i.e. opposition to legalization) and eleven favored adopting a neutral position (i.e., neither supporting nor opposing legalization). Should the General Assembly move toward legalization, neutrality is considered to offer RIMS greater opportunity to be engaged in shaping state policy to protect the public health. If Massachusetts acts first to legalize, as some consider likely, Rhode Island will likely follow suit quickly.

The RIMS Board of Directors may take up the matter at its May meeting. (A straw poll of the Board taken on March 7 also favored shifting to neutrality.)

#### **Dr. Patrick J. Sweeney nominated by RIMS for a national award**

The Medical Society has nominated Patrick J. Sweeney, MD, PhD, MPH, for a prestigious award given by the Accreditation Council for Continuing Medical Education. The Rutledge W. Howard, MD, Award for Individual Service to the Intrastate Accreditation System will be presented at the ACCME's annual meeting in Chicago in December.

The nomination papers (included in the advance package for this Council meeting) detail Dr. Sweeney's long and distinguished leadership and service, both locally and nationally. Dr. Settipane's letter of support for the nomination also notes the gratitude of Rhode Island physicians for Dr. Sweeney's frequent appearances before state legislative and regulatory bodies to defend the integrity of CME.

#### **Nominating process for 2016/17 RIMS officers**

Dr. Settipane provided an update on this process, which will culminate in an action item on the agenda for the Council meeting of June 1. He encouraged those present to be in touch with him soon with any advice and recommendations.

**"Eleventh Hour CME"** On Saturday, April 30, RIMS will again offer a "just in time" half-day CME event before the end of the state's two-year medical licensure cycle and 40-hour CME requirement; [www.rimed.org](http://www.rimed.org) provides details and registration.